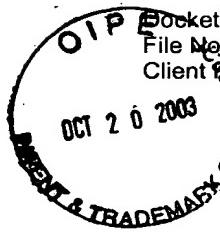


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Bucket No.: 3350-001  
File No.: 1158.41320X00  
Client Ref: RPP-1

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES**

In re Application of

GARRISON et al.

: Group Art Unit: 3623

Serial No. 08/994,047

: Examiner: A. Boyce

Filed: December 19, 1997

:

For: AN ELECTRONIC BILL PAYMENT SYSTEM WITH MERCHANT  
IDENTIFICATION

**RECEIVED**

OCT 24 2003

**GROUP 3600**

**REQUEST FOR ORAL HEARING**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

October 20, 2003

Sir:

Pursuant to 37 CFR 1.194(b), Applicants hereby request an oral hearing in connection with the above-identified appeal.

The fee required, in the amount of \$290.00, by 37 CFR 1.17(g) is attached hereto.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

Alfred A. Stadnicki  
Registration No. 30,226

Tel.: 703-312-6600  
AAS/slk

- A Credit Card Payment Form in the amount of \$620.00 is attached
- Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 01-2135, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully Submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP



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AAS/slk

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

GARRISON et al.

Serial No. 08/994,047

Filed: December 19, 1997

For: AN ELECTRONIC BILL PAYMENT SYSTEM WITH MERCHANT IDENTIFICATION

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OCT 24 2003  
GROUP 3600

TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

October 20, 2003

Sir:

Transmitted herewith is a Reply Brief in the above-identified application.

- No additional fee is required.  
 Also attached: Request for Oral Hearing and Credit Card Payment Form

The fee (if applicable) has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims				x \$18 =	\$0
Independent Claims				x \$86 =	\$0
Reply Brief				\$330.00	
Request for Oral Hearing				\$290.00	
<b>TOTAL FEE DUE</b>				\$620.00	